### FOR INSTRUCTIONS, SEE BACK OF FORM

File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

## DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) STAN FORM SMITH FOR COUNCIL DR-2 DISCLOTURE IMPORTANT: Indicate by # type of committee you are reporting for: REPORT (Rev. 12/2009) (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political For Office Use Only Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Political Party (if applicable) District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B,32A(7) and 68A,401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. IAM FILINGA Initial REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. Indicate by # ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held B IacKhow/? STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) .....\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL..... SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

### For Instructions, See Back of Form

# Reset Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

ST4N SMITH FOR Council

	SCHEDULE	-		
	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

IA ETHICS

					26
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT - RECEIVED ::	VIEFOR FUNDE RAISER INCOME
5/21/11	CK# 6723	Genescheel 3120 Shady Lane Cedar Falls, Iowa 50613		\$ 100.00	BD.
5/23/4	ID# —     CK# —   (Cash)   ID#	Stanley G, Smith 3221 Pleasant Drive Cedar Falls, Iowa 50613	self	125,00	
6/4/11	CK# 57692	Stanley G. Smith 3221 Pleasant Drive Coder Falls, Iowa 50613	self	200,00	
6/22/11	ID# CK# <i>CaSA</i>	David Sires 4107 Horseshoe Drive Cedor Falls, Lowa 50613		50,00	
6/23/11	ID# CK# /7/2	Donald W. Pearce 2812 Garden Ave CedarFalls, Jowa 50613	·	50.00	
6/30/11	ID# CK# 6174	Dennis C. Christensen 3220 Panther Lane Coder Falle, Jowa 50613		160,00	
8/04/11	ID#  CK# Bon K  Transfer	Stanley G. Smith 3221 Pleasent Drive Cedar Falls, Iowa 50613	5015	200,00	
8/09   U	ID# CK#/857	Allan Sell 190 Summit Dr. Cedar Falls, Iowa 50613	· ·	100.00	
	ID# CK#				
	ID# CK#			·	
			SUB-TOTAL	0 - 00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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TOTAL (if last page of this schedule)

200000000	0004330000	CONTRACTOR OF	110-100400000	
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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE				
<b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IN AMENDING FORM				

COMMITTEE NAME	(Must be same as on	Statement of Organization	'n.
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STAN SMITH FUR COUNCIL

ST	AN SMITH	FUR COUNCIL		A GA
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT COME EXPENDEDE BD.
5/23/4	CK# C&S I+	Black hawk Cty Blue 5th St Wuterloo, Ia. 50703	Copy Election Forms	\$ 8,50
6/12/11	ID# CK# <i>5</i> 700/	Shirtey A. Christonsey 2108 Kairriew Drive Cedar Fulls, Town 50613	Typing	25,00
6/4/4	ID# CK# <i>5</i> 7002	Parkade Printero 124 W, 4# ST, # E cedar Falls, Ia 50613	Print Flyers	179.42
8/11/11	ID# CK# <i>500</i> 3	Dickey's Printing 308 E. 745 St. Waterloo, Ia 50703	Yard Digns	524,30
9/66/11	ID# CK# <i>5</i> 604	Shitley's Typing 2108 Fairview Drive Cedal Falls, Jasobis	Typing	3.60
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL

740.22

TOTAL (if last page of this schedule)

\$ 740.22

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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FOR INSTRUC	TIONS, SEE BACK OF FORM			SCHEDULE <b>E</b>	
1	ENAME (Must be same as on Statement of Organ TAN SMITH FOR Cひれり			(Rev. 06/97)	IN-KIND CONTRIBUTIONS
5	CHECK	THIS BOX IF			
			Reset Form		ING FORM
					CAMPA 2011
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
(19119207717)	OF CONTRIBUTOR	(ii applicable)	CONTRIBUTION	\$	
					AND SURE BD.
					<b>1</b> 8
			SUB-TOTAL	\$	
			TOTAL (if last page of this schedule)	\$	
by marriage).	requires candidates to disclose the relationship of ationship must be shown to the third degree of cor See Page 2 of forms packet.) If sumame of contri ship, enter "not applicable" in the relationship colun	nsanguinity (blood relat ibutor is the same as c	ives) and affinity (relative		of / (for Schedule E)